Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 1 of 50

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1:	Identity Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar licer Brin- iden	e the name that is on a government-issued the dire identification (for mple, your driver's ase or passport). If your picture tification to your ting with the trustee.	Ann First name Delores Middle name Turner Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.		
3.	you num Indi	y the last 4 digits of r Social Security aber or federal vidual Taxpayer utification number	xxx-xx-0616	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 2 of 50

Debtor 1 Ann Delores Turner

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):				
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.				
	Include trade names and doing business as names	Business name(s)	Business name(s)				
		EINs	EINs				
5.	Where you live	2006 Bethany Ridge Terrace	If Debtor 2 lives at a different address:				
		North Chesterfield, VA 23236 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Chesterfield					
		County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for	Check one:	Check one:				
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 3 of 50

Debtor 1 Ann Delores Turner

Case number (if known)

about how you may pay. Typically, if you are paying the fee yourself, you order. If your attorney is submitting your payment on your behalf, your a a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installment the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103A). No.	§ 342(b) for Individuals Filing for Bankruptcy			
Chapter 11 Chapter 12 Chapter 13 I will pay the entire fee when I file my petition. Please check with the about how you may pay. Typically, if you are paying the fee yourself, yo order. If your attorney is submitting your payment on your behalf, your a pre-printed address. I need to pay the fee in installments. If you choose this option, sign at The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you in the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Official Form 100 the Application to Have the Chapter 7 Filing Fee Waived (Officia				
Chapter 12				
I will pay the entire fee when I file my petition. Please check with the about how you may pay. Typically, if you are paying the fee yourself, yo order. If your attorney is submitting your payment on your behalf, your a pre-printed address. I need to pay the fee in installments. If you choose this option, sign ar The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installment the Application to Have the Chapter 7 Filing Fee Waived (Official Form 1999). Have you filed for bankruptcy within the last 8 years? No.				
I will pay the entire fee when I file my petition. Please check with the about how you may pay. Typically, if you are paying the fee yourself, yo order. If your attorney is submitting your payment on your behalf, your a a pre-printed address. I need to pay the fee in installments. If you choose this option, sign ar The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installment the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103A). No. See Institut Institute Ins				
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The Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installment the Application to Have the Chapter 7 Filing Fee Waived (Official Form 1999). No.	ou may pay with cash, cashier's check, or money			
but is not required to, waive your fee, and may do so only if your income applies to your family size and you are unable to pay the fee in installme the Application to Have the Chapter 7 Filing Fee Waived (Official Form 1999). 9. Have you filed for bankruptcy within the last 8 years? No. District District District When No asses pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor Debtor Debtor Debtor Debtor	, sign and attach the Application for Individuals to Pay			
applies to your family size and you are unable to pay the fee in installment the Application to Have the Chapter 7 Filing Fee Waived (Official Form 1) 9. Have you filed for bankruptcy within the last 8 years? District District District When Debtor District When Debtor	ou are filing for Chapter 7. By law, a judge may,			
the Application to Have the Chapter 7 Filing Fee Waived (Official Form to bankruptcy within the last 8 years? No.	∍ is less than 150% of the official poverty line that ents). If you choose this option, you must fill out			
bankruptcy within the last 8 years? Yes. District When Debtor District When Debtor District When Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debtor Debt				
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District When 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District Debtor Debtor	Case number			
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cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District Debtor	Case number			
filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor District Debtor				
Debtor District When Debtor				
District When	B. I. S. J. J.			
Debtor	Relationship to you			
	Case number, if known			
District Wrieff	Relationship to you Case number, if known			
	Case number, it known			
11. Do you rent your No. Go to line 12. residence?				
Yes. Has your landlord obtained an eviction judgment against you and	do you want to stay in your residence?			
□ No. Go to line 12.				
Yes. Fill out <i>Initial Statement About an Eviction Judgment</i> bankruptcy petition.	f Against You (Form 101A) and file it with this			

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 4 of 50

Debtor 1 Ann Delores Turner Document Page 4 of 50 Case number (if known)

Par	t 3: Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor			
12.	Are you a sole proprietor of any full- or part-time business?	l- or part-time ■ No. Go to Part 4.						
		☐ Yes.	Name	and location of bus	siness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	er, Street, City, Sta	te & ZIP Code			
	it to this petition.		Check	the appropriate bo	ox to describe your business:			
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))			
				Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				None of the above	9			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of rations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fil Code.	ing under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	I am fil	ing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?				
	identifiable hazard to public health or safety? Or do you own any							
	property that needs immediate attention?			ate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?				
					Number, Street, City, State & Zip Code			

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Page 5 of 50 Document

Debtor 1 **Ann Delores Turner** Case number (if known)

Part 5:

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

]	I am not required to receive a briefing about credit
	counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 6 of 50

Case number (if known) Debtor 1 **Ann Delores Turner** Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5**0,001-100,000 **5001-10,000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 □ 100-199 **200-999** 19. How much do vou **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100.001 - \$500.000** □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million ☐ More than \$50 billion 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ann Delores Turner Signature of Debtor 2 **Ann Delores Turner** Signature of Debtor 1 Executed on February 22, 2017 Executed on MM / DD / YYYY MM / DD / YYYY

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 7 of 50

Debtor 1 Ann Delores Turner Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ James E	E. Kane, Esquire	Date	February 22, 2017
Signature of	Attorney for Debtor		MM / DD / YYYY
James E 14	Yana Famuina		
	Kane, Esquire		
Printed name			
Kane & Pa	pa, P.C.		
Firm name			
P.O. Box 5	08		
Richmond,	VA 23218-0508		
Number, Street, 0	City, State & ZIP Code		
Contact phone	804-225-9500	Email address	jkane@kaneandpapa.com
30081			
Bar number & Sta	ate		

Case 17-30830-KLD Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

Debtor 1	Ann Delores Turi	ner			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
Case number	ankruptcy Court for the:	EASTERN DISTRICT C	VINGINIA		
(if known)				1	☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	123,400.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,668.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	137,068.00
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	135,753.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,587.00
	Your total liabilities	\$	170,340.00
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,409.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,116.00
Paı	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Page 9 of 50 Case number (if known) Document

Debtor 1 Ann Delores Turner

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	١.
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$

111.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tot	al claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Case	e 17-30839-k	KLP Doc 1			02/22/1 nent		Entere e 10 o		2/17 15	:58:30	De	sc Main
Fill	in this inforn	mation to identify	your case and th										
Det	btor 1	Ann Delores											
Nał	btor 2	First Name	Middle	e Name			Last Nar	ne					
	ouse, if filing)	First Name	Middle	e Name			Last Nar	ne					
Jni	ited States Bar	nkruptcy Court for	the: EASTERN	DISTRI	ICT	OF VIRGIN	AIV						
Cas	se number						-						Check if this is an amended filing
n ea hink	chedule ach category, se k it fits best. Be rmation. If more	e as complete and a e space is needed, a	roperty lescribe items. List accurate as possible	le. If two	mar	rried people	are filin	ng togethe	er, both are	e equally resp	ponsible for	supply	
	wer every quest		···lding Land or Of	ther Peal	. Set	-to Vall Ow	or Ua	:- en Inte	-act In				
		Each Residence, Bu											
_	_	nave any legal or eq	uitable interest in a	ıny resia	lence	e, building, i	land, or	similar p	roperty?				
	No. Go to Part												
	Yes. Where is	, and property.											
1.1				What	t is ti	he property	? Check a	all that apply	у				
	2006 Betha	nany Ridge if available, or other des	cription		-] ^{Du} - Co	ngle-family houplex or multicondominium o	ti-unit bui	_		the amour	nt of any secu	ured cla	or exemptions. Put aims on Schedule D: Secured by Property.
	North Che	esterfield VA State	23236-0000 ZIP Code		-] Laı	anufactured o and vestment pro		home		entire pro	alue of the perty?	po	urrent value of the ortion you own? \$123,400.00
	•			Uho Who	Tin Oth	meshare ther an interest		ronerty?	Chack one	Describe (such as	the nature o	f your enancy	ownership interest y by the entireties, or
						ebtor 1 only	III the p.	operty.	Check one	Fee sim			
	Chesterfie	eld .				ebtor 2 only							
	County					ebtor 1 and Date of		•	nother		k if this is constructions)	ommu	nity property
				Other	er info		ou wish t	to add ab		em, such as l	,		
								: 4 to al		. Lan fa			
2.		ar value of the po	ortion you own to Part 1 Write that				rom Pai	rt 1, inci	uding any	y entries to	r_		\$123,400.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here.....

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Official Form 106A/B Schedule A/B: Property page 2

■ No

☐ Yes. Describe.....

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 12 of 50 Case number (if known)

Debtor 1	Ann Delores	s Turner		Case	number (if known)	
10. Firea Exar		s, shotgur	ns, ammunition, and	related equipment		
■ No □ Yes	s. Describe					
11. Clot h <i>Exar</i> □ No		lothes, fur	s, leather coats, desi	igner wear, shoes, accessories		
	s. Describe					
		Weari	ng Apparel			\$500.00
□ No		ewelry, cos	stume jewelry, engag	gement rings, wedding rings, heirloom jewelry,	watches, gems, go	ld, silver
		Misc C	Sold Jewlery			\$1,000.00
Exar	farm animals nples: Dogs, cats, s. Describe	birds, hor	ses			
		1 Cat,	1 Dog (Mixed Bre	eeds)		\$50.00
15. Add		of all of y	our entries from Pa	art 3, including any entries for pages you h	ave attached	\$3,200.00
Part 4: D	escribe Your Finar	ncial Asset	s			
Do you o	own or have any	legal or e	quitable interest in	any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	nples: Money you	-	•	me, in a safe deposit box, and on hand when	you file your petitior	ı
				C	ash	\$10.00
Exar □ No				ounts; certificates of deposit; shares in credit un with the same institution, list each. Institution name:	nions, brokerage ho	uses, and other similar
		17.1.	Checking	Woodforest National Bank		\$6,008.00
		17.2.	Savings	Woodforest National Bank		\$300.00

Official Form 106A/B

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Page 13 of 50 Document

D	ebtor 1	Ann Delor	es Turner		Case	number (if known)	
18			s, or publicly traded stock		market accounts		
	■ No □ Yes		Institution or iss	uer name:			
19	. Non-pu joint v	•	stock and interests in inc	orporated and unincorp	orated businesses, inc	cluding an interest in	an LLC, partnership, and
	■ No □ Yes.	Give specific	information about them Name of entity:		% o	f ownership:	
20	Negoti	able instrume	rporate bonds and other r nts include personal checks, uments are those you cannot	, cashiers' checks, promis	sory notes, and money		
	☐ Yes.	Give specific i	information about them Issuer name:				
21			on accounts in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings a	ccounts, or other pensio	n or profit-sharing plan	S
		List each acco	ount separately. Type of account:	Institution nam	ne:		
22	Your s	hare of all unu	nd prepayments used deposits you have mad nts with landlords, prepaid r				or others
				Institution nam	e or individual:		
23	. Annuiti ■ No	ies (A contrac	et for a periodic payment of n	noney to you, either for life	e or for a number of year	rs)	
	☐ Yes		Issuer name and description	n.			
24			ation IRA, in an account in 1), 529A(b), and 529(b)(1).	a qualified ABLE progra	am, or under a qualifie	d state tuition progra	m.
	Yes		Institution name and descri	ption. Separately file the r	ecords of any interests.	11 U.S.C. § 521(c):	
25	Trusts, ■ No	, equitable or	future interests in propert	ty (other than anything li	isted in line 1), and rig	nts or powers exercis	able for your benefit
	☐ Yes.	Give specific	information about them				
26	Examp ■ No	oles: Internet o	, trademarks, trade secrets lomain names, websites, pro				
			information about them				
27			s, and other general intang permits, exclusive licenses, of		oldings, liquor licenses,	professional licenses	
	☐ Yes.	Give specific	information about them				
M	loney or _l	property owe	d to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax ref ■ No	unds owed to	o you				
	— NO	O:::::-:		uding whathar valualraad	. 61 a d 41a a wate was a sa d 41a	o tov vooro	

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Document Page 14 of 50 Case number (if known) Debtor 1 **Ann Delores Turner** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$6.318.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

No

■ No. Go to Part 7.□ Yes. Go to line 47.

☐ Yes. Give specific information.......

Entered 02/22/17 15:58:30 Case 17-30839-KLP Doc 1 Filed 02/22/17

Page 15 of 50

Case number (if known) Document **Ann Delores Turner** Debtor 1 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$123,400.00 Part 2: Total vehicles, line 5 56. \$4,150.00 Part 3: Total personal and household items, line 15 \$3,200.00 57. 58. Part 4: Total financial assets, line 36 \$6,318.00 Part 5: Total business-related property, line 45 59. \$0.00

\$0.00

\$0.00

Copy personal property total

\$13,668.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 6: Total farm- and fishing-related property, line 52

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

60.

62.

\$137,068.00

\$13,668.00

Official Form 106A/B Schedule A/B: Property page 6 Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

		Dodding	THE T CACC TO CLOS	9
Fill in this inform	mation to identify your	case:		
Debtor 1	Ann Delores Turr	ner		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT O	F VIRGINIA	
Case number _				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming	Check o	ne only, even i	f your spouse is	filing with you.
----	--	---------	-----------------	------------------	------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	Specific laws that allow exemption	
	Copy the value from Schedule A/B			
1988 Chevrolet 1500 285000 miles Line from Schedule A/B: 3.1	\$4,150.00	•	\$4,150.00	Va. Code Ann. § 34-26(8)
Ellie Holli Goredale A.E. G.T			100% of fair market value, up to any applicable statutory limit	
Fridge, Stove, Washer, Dryer, Dishwasher	\$600.00		\$600.00	Va. Code Ann. § 34-26(4a)
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Couch, Chair, Tables, Kitchen table & Chairs, Bed, Dresser, Tables	\$850.00		\$850.00	Va. Code Ann. § 34-26(4a)
Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
TV/ Computer Line from Schedule A/B: 7.1	\$200.00		\$200.00	Va. Code Ann. § 34-26(4a)
Ellie Holli Gonedale A/D.			100% of fair market value, up to any applicable statutory limit	
Wearing Apparel Line from Schedule A/B: 11.1	\$500.00		\$500.00	Va. Code Ann. § 34-26(4)
Line nom Schedule AVB. 11.1			100% of fair market value, up to	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 17 of 50

Case number (if known)

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B	Che		
	Misc Gold Jewlery Line from Schedule A/B: 12.1	\$1,000.00		\$1,000.00	Va. Code Ann. § 34-4
	Elle Holl Galedale 7/D. 12.1			100% of fair market value, up to any applicable statutory limit	
	1 Cat, 1 Dog (Mixed Breeds) Line from Schedule A/B: 13.1	\$50.00		\$50.00	Va. Code Ann. § 34-26(5)
	Line from Scredule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
	Cash Line from Schedule A/B: 16.1	\$10.00	•	\$10.00	Va. Code Ann. § 34-4
	Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Woodforest National Bank Line from Schedule A/B: 17.1	\$6,008.00		\$6,008.00	Va. Code Ann. § 34-4
	Line from Scredule A/B. 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings: Woodforest National Bank Line from Schedule A/B: 17.2	\$300.00		\$300.00	Va. Code Ann. § 34-4
	Line from Scredule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No Yes. Did you acquire the property cover	3 years after that for ca	ases fi	·	,
	□ No	,		, , ,	
	П Уде				

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

	Document	Page 18 (of 50		
Fill in this information to identify yo	ur case:				
Debtor 1 Ann Delores T	urner				
First Name	Middle Name	Last Name		-	
Debtor 2					
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the	e: EASTERN DISTRICT OF VIRGI	NIA			
Simos States Barintapley Sources and				-	
Case number					
(if known)				☐ Check	if this is an
				ameno	led filing
Official Forms 100D					
Official Form 106D					
Schedule D: Creditor:	s Who Have Claims S	Secured	by Propert	У	12/15
Be as complete and accurate as possible is needed, copy the Additional Page, fill in number (if known).	t out, number the entries, and attach it to				
1. Do any creditors have claims secured I					
	this form to the court with your other s	scneaules. You	nave nothing else t	to report on this form.	
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has for each claim. If more than one creditor has much as possible, list the claims in alphabe	as a particular claim, list the other creditors i	in Part 2. As	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Column C Unsecured portion
2.1 Ditech Financial Llc	Describe the property that secures th	ne claim:	value of collateral. \$20,029.00	claim \$123,400.00	If any \$0.00
Creditor's Name	2006 Bethany Ridge North		Ψ20,023.00	Ψ123,400.00	Ψ0.00
	Chesterfield, VA 23236 Ches County				
332 Minnesota St Ste 610	As of the date you file, the claim is: Cl apply.	heck all that			
Saint Paul, MN 55101	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as m	ortgage or secur	ed		
Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
Opened 05/04 Last Active					
Date debt was incurred 10/01/10	Last 4 digits of account number	er 3896			
2.2 Internal Revenue Service	Describe the property that secures th	ie claim:	\$2,300.00	\$123,400.00	\$0.00
Creditor's Name	2006 Bethany Ridge North Chesterfield, VA 23236 Ches	terfield			
	County				
P.O. Box 7346	As of the date you file, the claim is: Clapply.	heck all that			
Philadelphia, PA 19101	☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as me	ortgage or secur	ed		
☐ Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 19 of 50

Debtor 1 Ann Delores Turner		Case number (if know)		
First Name Middle N	Name Last Name	_		
	_			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred 04/27/2012	Last 4 digits of account number P845			
2.3 Internal Revenue Service	Describe the property that secures the claim:	\$18,694.00	\$123,400.00	\$12,353.00
P.O. Box 7346 Philadelphia, PA 19101	2006 Bethany Ridge North Chesterfield, VA 23236 Chesterfield County As of the date you file, the claim is: Check all that apply.			
Number, Street, City, State & Zip Code	☐ Contingent ☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or sec car loan)	ured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 10/28/2011	Last 4 digits of account number P374			
2.4 Specialized Loan Service	Describe the property that secures the claim:	\$94,730.00	\$123,400.00	\$0.00
Creditor's Name	2006 Bethany Ridge North Chesterfield, VA 23236 Chesterfield			
8742 Lucent Blvd Ste 300 Highlands Ranch, CO 80129	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only	■ An agreement you made (such as mortgage or sec	urad		
Debtor 2 only	car loan)	uicu		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 12/02 Last Active 9/28/16	Last 4 digits of account number 1442			
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$135,753.00	1	
If this is the last page of your form, add Write that number here:		\$135,753.00	-	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 20 of 50

Debtor 1	Ann Delores Turner			Case number (if know)
	First Name	Middle Name	Last Name	
B\ 81 Sเ	me, Number, Street, City WW Law Group, Ll 00 Three Chopt Ro uite 240 enrico, VA 23229	ĹC '		On which line in Part 1 did you enter the creditor?

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

	7430 17 00003 REI	Docum	nent Page 2	1 of 50	70.00 Descriviant
Fill in this	information to identify your o				
Debtor 1	Ann Delores Turn	ar			
DODIO! 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT	OF VIRGINIA		
Case numb	oor				
(if known)					☐ Check if this is an
					amended filing
⊃((; -; - I)	Tama 4005/5				
	Form 106E/F				4045
	le E/F: Creditors W				12/15 PRIORITY claims. List the other party to
Schedule D: eft. Attach thame and ca		red by Property. If more e. If you have no informa	space is needed, copy	the Part you need, fill it out, n	ecured claims that are listed in umber the entries in the boxes on the pof any additional pages, write your
	creditors have priority unsecured				
		i ciainis against you :			
	Go to Part 2.				
☐ Yes.	List All of Your NONPRIORIT	V Unaccured Claims			
			•		
_ `	creditors have nonpriority unsec				
□ No. \	You have nothing to report in this pa	art. Submit this form to the	court with your other sche	edules.	
Yes.					
unsecure		for each claim. For each	claim listed, identify what t	type of claim it is. Do not list claim	r has more than one nonpriority ims already included in Part 1. If more aims fill out the Continuation Page of
					Total claim
4.1 Be	thany Stratford	Last 4 dig	its of account number	3700	\$992.00
	npriority Creditor's Name			00/00/0040/04/40/004	
_	17 W. Tremont Court chmond, VA 23225	When wa	s the debt incurred?	02/09/2012/01/12/2012	<u>'</u>
	mber Street City State Zlp Code	As of the	date you file, the claim	is: Check all that apply	
Wh	o incurred the debt? Check one.				
	Debtor 1 only	☐ Contin	gent		
	Debtor 2 only	☐ Unliqu	idated		
	Debtor 1 and Debtor 2 only	☐ Disput	ed		
	At least one of the debtors and and	ther Type of N	ONPRIORITY unsecured	d claim:	
	Check if this claim is for a comm	nunity \square Studer	nt loans		
dek				ration agreement or divorce that	at you did not
	he claim subject to offset?		oriority claims	g plans, and other similar debts	
	Yes	Other.	Specify Judgments	i	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

Debto	r 1 Ann Delores Turner	Document Page 2	2 of 50 Case number (if know)	
4.2	Focus Recry	Last 4 digits of account number	6378	\$65.00
	Nonpriority Creditor's Name 9701 Metropolitan Ct Ste North Chesterfield, VA 23236	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other Specify Cjw Medica	al Center	
4.3	Horizon Fin	Last 4 digits of account number	9485	\$58.00
	Nonpriority Creditor's Name 8585 Broadway #880 Merrillville, IN 46410	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
	☐ Yes	Other Specify St Francis		
4.4	I C System Inc	Last 4 digits of account number	2514	\$174.00
	Nonpriority Creditor's Name Po Box 64378	When was the debt incurred?	Opened 12/15	
	Saint Paul, MN 55164 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,	an and apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
		Student loans		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Banfield Pet Hospital

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 23 of 50

Debi	or 1 Ann Delores Turner	Case number (if know)	
4.5	I C System Inc	Last 4 digits of account number 4758	\$154.00
	Nonpriority Creditor's Name Po Box 64378	When was the debt incurred? Opened 07/16	_
	Saint Paul, MN 55164 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Officer all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collection Attorney Banfield Pet Hospital	_
4.6	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$28,637.00
	P.O. Box 7346 Philadelphia, PA 19101	When was the debt incurred? 2004-2011	_
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Income Tax Debt	_
4.7	Jefferson Capital Systems	Last 4 digits of account number 9298	\$801.00
	Nonpriority Creditor's Name PO Box 953185 Saint Louis, MO 63195	When was the debt incurred? 01/202017	_
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Consumer Debt	
		5 Opoon,	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 24 of 50

Debto	Ann Delores Turner		Case number (if know)	
4.8	Sermat Construction	Last 4 digits of account number	0616	\$2,915.00
	Nonpriority Creditor's Name 2419 Westwood Ave Henrico, VA 23228	When was the debt incurred?	10/25/2016	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	ng plans, and other similar debts	
	□ Yes	Other. Specify Consumer		
4.9	Stellar Recovery Inc	Last 4 digits of account number	8885	\$629.00
	Nonpriority Creditor's Name 1327 Hwy 2 W	When was the debt incurred?	Opened 04/16	
	Kalispell, MT 59901 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Collection	Attorney Dish Network	
4.1	Surgical Associates	Last 4 digits of account number	4700	\$162.00
<u> </u>	Nonpriority Creditor's Name 1051 Johnston-Willis Drive Suite 200 Richmond, VA 23235	When was the debt incurred?	09/28/2010	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Judgment		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 25 of 50

Debtor 1 Ann Delores Turner

Case number (if know)

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 34,587.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 34,587.00

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

Fill in this infor	rmation to identify your	case:		
Debtor 1	Ann Delores Turr	ner		
1	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
					_
	Number	Street			
	City		State	ZIP Code	_
2.2	City		State	ZIP Code	
2.2	Maria				_
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	Number	Sireet			
	City		State	ZIP Code	_
2.4	Oity		Otato	ZII Oodc	
۷.4	Name				_
	ivame				
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	MULLIDEL	Succi			
	City		State	ZIP Code	_
	Oity		Otate	ZII OUUG	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

		Documei	nt Page 27 c	of 50
Fill in this info	rmation to identify your	case:		
Debtor 1	Ann Delores Turi	ner		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT OF	- VIRGINIA	
Case number				
(if known)				Check if this is an
				amended filing
Official Fo	orm 106H			
Schedule	H: Your Cod	ebtors		12/15
ill it out, and ni our name and	umber the entries in the case number (if known)		the Additional Page to	tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write as a codebtor.
_	,	,	э ээг энгэг эр энгэг	
■ No				
☐ Yes				
		I lived in a community pro Nevada, New Mexico, Pue		ry? (Community property states and territories include ington, and Wisconsin.)
■ No. Go to	o line 3.			
☐ Yes. Did	your spouse, former spor	use, or legal equivalent live	with you at the time?	
in line 2 ag	ain as a codebtor only i), Schedule E/F (Official	f that person is a guarant	or or cosigner. Make	rif your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil
	mn 1: Your codebtor Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1				☐ Schedule D, line
Name				Schedule E/F, line
				☐ Schedule G, line
Numbe	er Street			_
City		State	ZIP Code	
3.2 Name				Schedule D, line
ivaille				☐ Schedule E/F, line ☐ Schedule G, line
	0.			— Schedule G, line
Numbe	or Street			

State

City

ZIP Code

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 28 of 50

						_				
Fill	in this information to identify your	case:				•				
Del	btor 1 Ann Delore	s Turner			_					
	btor 2				_					
Uni	ited States Bankruptcy Court for th	e: EASTERN DISTRICT	OF VIRGINIA		_					
(If kr	se number nown) Ifficial Form 106I					□ A □ A 1	3 income	ed filing ent showing as of the	ng postpetition following date:	
						M	MM / DD/ Y	/YYY		
	chedule I: Your Inc		nle are filing togeth	or (Dobte	or 1	and Dah	tor 2) ho	th are on	ually reenene	12/15
spo atta Par	plying correct information. If you use. If you are separated and youch a separate sheet to this form. The separate sheet to this form. The separate sheet to this form.	ur spouse is not filing wi . On the top of any additi	ith you, do not inclu	de inforn	nati	on about	t your spo	ouse. If m	nore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor 2	2 or non-	filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	☐ Employed■ Not employed				☐ Emple	•		
	employers.	Occupation								
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed to	here?							
Pai	rt 2: Give Details About Mo	onthly Income								
Esti spo	imate monthly income as of the cuse unless you are separated.	date you file this form. If	you have nothing to r	eport for a	any	line, write	e \$0 in the	space. Ir	nclude your no	n-filing
,	ou or your non-filing spouse have n e space, attach a separate sheet to		ombine the informatio	n for all e	mpl	oyers for	that perso	on on the	lines below. If	you need
						For Del	btor 1		ebtor 2 or ling spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$		0.00	\$	N/A	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 29 of 50

Ann Delores Tu	THE	_	Case n	umber (<i>if known</i>)		
			For D	Debtor 1	For	Debtor 2 or
						filing spouse
py line 4 here		4.	\$	0.00	\$	N/A
t all payroll deducti	ons:					
Tax, Medicare, a	nd Social Security deductions	5a.	\$	0.00	\$	N/A
Mandatory conti	ibutions for retirement plans	5b.	\$	0.00	\$	N/A
Voluntary contri	butions for retirement plans	5c.	\$	0.00	\$	N/A
Required repayr	nents of retirement fund loans	5d.	\$	0.00	\$	N/A
Insurance		5e.	\$	0.00	\$	N/A
• •	rt obligations	5f.	· —		\$	N/A
			· :		\$	N/A
Other deduction	s. Specify:	5h.+	\$	0.00	+ \$	N/A_
d the payroll deduc	tions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A
culate total monthl	y take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A
Net income from profession, or fa Attach a statemen	rental property and from operating a business, arm at for each property and business showing gross					
		8a	\$	0.00	\$	N/A
•		8b.	\$		\$_	N/A
regularly received Include alimony,	s spousal support, child support, maintenance, divorce		_		_	
	• •		· -		· ·	N/A
	compensation		· —		· —	N/A
	nt application on that you wantledly washing	8e.	>	1,298.00	»	N/A_
Include cash assi that you receive, Nutrition Assistan Specify:	stance and the value (if known) of any non-cash assistance such as food stamps (benefits under the Supplemental ce Program) or housing subsidies.	8f.	\$	0.00	\$	N/A
		-	· —		· —	N/A
Other monthly in	ncome. Specify:	8h.+	\$	0.00	+ \$	N/A
d all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,409.00	\$	N/A
culate monthly inc	ome Addline 7 ± line 0	10 \$	1	400 00 + \$		N/A = \$ 1,409
•		ΙΟ. Ψ-	• •	, 409.00 + +		Ψ 1,409
te all other regular lude contributions fro er friends or relatives not include any amo	contributions to the expenses that you list in <i>Schedule</i> m an unmarried partner, members of your household, your s.	depend				chedule J. 11. +\$0
te that amount on the						12. \$ 1,409
	and a second within the constant of the second seco	2				Combined monthly incom
No. Yes Explain:	ease of decrease within the year after you file this form	· · · · · · · · · · · · · · · · · · ·				
sa	st all payroll deduction. Tax, Medicare, and Mandatory controlled. Required repayrolled. Domestic supports. Domestic supports. Other deduction deduction deduction deduction. Other deduction deduction desure the stall other income from profession, or fatach a statemer receipts, ordinary monthly net income include alimony, settlement, and public settlement, and publ	st all payroll deductions: 1. Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Insurance Domestic support obligations Union dues Other deductions. Specify: did the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. alculate total monthly take-home pay. Subtract line 6 from line 4. st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. salculate monthly income. Add lines 7 + line 9. did the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. ate all other regular contributions to the expenses that you list in Schedule clude contributions from an unmarried partner, members of your household, your her friends or relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. The reference of relatives. Th	st all payroll deductions: 1. Tax, Medicare, and Social Security deductions 5. Mandatory contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Required repayments of retirement fund loans 6. Insurance 6. Domestic support obligations 7. Union dues 7. Union dues 7. Other deductions. Specify: 8. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 8. Cother deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 8. Cother deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 8. Cother income regularly received: 8. Net income from rental property and from operating a business, profession, or farm 8. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. Linterest and dividends 8. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Cotal Security 8. Unemployment compensation 8. Social Security 8. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8. Specify: 8. Pension or retirement income 9. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. Idea all other regular contributions to the expenses that you list in Schedule J. Culde contributions from an unmarried partner, members of your household, your dependent rinds or relatives. 9. Pension or relatives. 9. Onther monthly income. Add line 7 + line 9. 10. \$1. Status and line 11. The result is the rite that amount on the Summary of Schedules and Statistical Summary of Certain Liability plies	st all payroll deductions: 1. Tax, Medicare, and Social Security deductions 1. Tax, Medicare, and Social Security deductions 2. Mandatory contributions for retirement plans 3. Voluntary contributions for retirement plans 4. Security 4. Security 5. Social Security 5. Security 6. Security 7. Security 8. Security 8. Security 9. Pension or retirement fund loans 8. Security 9. Social Security 1. Other deductions. Add lines 5a+5b+5e+5d+5e+5f+5g+5h. 8. Security 8. Security 8. Security 9. Security 1. Other deductions. Add lines 5a+5b+5e+5d+5e+5f+5g+5h. 8. Security 8. Security 8. Security 8. Security 9. Other government assistance that you regularly received include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Security 9. Other government assistance that you regularly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Social Security 9. Other government assistance that you regularly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Social Security 9. Other government assistance that you regularly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Social Security 9. Other government assistance that you regularly receive include almony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Social Security 9. Social Security 1. Other government assistance that you regularly receive include almony, spousal support, child support, maintenance, divorce settlement and property settlement. 8. Social Security 9. Social Security 1. Other monthly income. Add line 7 + line 9. 1. Other monthly income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9. Security 1. Other monthly income. Add line 7 + line 9. 1. Other monthly income. Add line 8a+8b+8c+8d+8e+8f+8g+8h. 9. Security 1. Security	st all payroll deductions: 1. Tax, Medicare, and Social Security deductions 5. S. D.00 Mandatory contributions for retirement plans 5. D. Mandatory contributions for retirement plans 5. O.00 Mandatory contributions for retirement plans 5. S. D.00 1. Required repayments of retirement fund loans 5. S. D.00 1. Required repayments of retirement fund loans 5. S. D.00 1. Domestic support obligations 5. S. D.00 1. Union dues 1. Security 1. Sh.+ S. D.00 1. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 1. Sh.+ S. D.00 1. Union dues 1. Very stall other income regularly received: 1. Net income from rental property and from operating a business, profession, or farm 1. Attach a statement for each property and from operating a business, profession, or farm 1. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 1. Interest and dividends 1. Family support payments that you, a non-filing spouse, or a dependent regularly receive 1. Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 2. Social Security 2. Other government assistance that you regularly receive 2. Include ash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 2. Social Security 2. Other government assistance that you regularly receive 2. Include and shassistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 3. Social Security 3. Social Security 3. Social Security 4. Social Security 5. Social Security 6. Social Security 7. Social Security 8. Social Security	st all payroll deductions: 1. Tax, Medicare, and Social Security deductions 5. Sa. \$ 0.00 \$ Mandatory contributions for retirement plans 5. Social Security deductions 5. Mandatory contributions for retirement plans 5. Voluntary contributions for retirement plans 5. Social Security 6. Required repayments of retirement fund loans 5. Insurance 5. Domestic support obligations 5. Insurance 5. Social Security 5. Domestic support obligations 5. Social Security 5. Domestic support device the security s

HIII	in this informa	tion to identify yo	our case:						
Deb	tor 1	Ann Delores	Turner			Check	c if this is:		
						_	An amended filing		
	tor 2							ving postpetition chapter	
(Spo	ouse, if filing)					1	13 expenses as of	the following date:	
Unit	ed States Bankr	uptcy Court for the	EASTE	RN DISTRICT OF VIRGIN	IIA	1	MM / DD / YYYY		
1	e number nown)								
Of	fficial Fo	rm 106J							
Sc	hedule	J: Your	Fyner	1696				12/1	5
Be a	as complete a ormation. If m nber (if know	and accurate as	s possible. eded, atta ry questio	If two married people a ch another sheet to this				or supplying correct	_
1.	Is this a joir		enoia						_
•••	No. Go to								
			in a conor	oto household?					
			ın a separ	ate household?					
		_	-+ f: - Off:-:	al Farma 400 L O. Francisco	- for Compress House	hald of Daht	0		
	⊔ Y	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	s for Separate House	enola of Debto	or Z.		
2.	Do you have	e dependents?	■ No						
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents							☐ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes	
								□ No	
								☐ Yes	
3.	expenses of yourself and	enses include f people other t d your depende	han nts? □	No Yes					
Par		ate Your Ongoi			ran ana malmar Alai - f		mlamant !: C! -	untou 42 ooos to "o" o"	_
exp				uptcy filing date unless y y is filed. If this is a supp					
				government assistance i			.,		
(Off	ficial Form 10	6I.)					Your expe	enses	
4.		or home owners and any rent for th		ses for your residence. I	Include first mortgage	e 4. \$		566.00	
	If not includ	•						_	
	4a. Real e	estate taxes				4a. \$		0.00	
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
		•		ıpkeep expenses		4c. \$		0.00	
		owner's associa	•			4d. \$		0.00	
5.	Additional r	nortgage paym	ents for yo	our residence, such as ho	ome equity loans	5. \$		0.00	

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 31 of 50

	Ann Delores Turner	Case numl	Jei (ii Kilowii)	
6. Utilitie	es:			
	Electricity, heat, natural gas	6a.	\$	75.00
	Water, sewer, garbage collection	6b.	\$	32.00
	Telephone, cell phone, Internet, satellite, and cable services	6c.		83.00
	Other. Specify:	6d.	· -	0.00
	and housekeeping supplies	7.	\$	100.00
	care and children's education costs	7. 8.	\$	
		o. 9.	\$	0.00
	ing, laundry, and dry cleaning		·	25.00
	onal care products and services	10.	·	15.00
	cal and dental expenses	11.	\$	10.00
	sportation. Include gas, maintenance, bus or train fare. t include car payments.	12.	\$	50.00
	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	10.00
	table contributions and religious donations	14.	\$	100.00
	_	14.	Ψ	100.00
Insura	ance. It include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15b.	•	50.00
	Other insurance. Specify:	15d.	· -	
	' '	130.	Φ	0.00
o. Taxes Specif	s. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	lment or lease payments:		Ψ	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	· -	0.00
	Other. Specify:	176. 17c.	•	
			*	0.00
	Other. Specify:	17d.	Ф	0.00
	payments of alimony, maintenance, and support that you did not report a cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	0.00
	payments you make to support others who do not live with you.	,	\$	0.00
Specif		19.	<u> </u>	0.00
	real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>		ur Income	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	·	0.00
	Maintenance, repair, and upkeep expenses	20d.	•	0.00
	Homeowner's association or condominium dues	20d. 20e.	·	0.00
			· ·	
1. Other:	Specify:	21.	-φ	0.00
2. Calcu	late your monthly expenses			
	Add lines 4 through 21.		\$	1,116.00
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	Add line 22a and 22b. The result is your monthly expenses.		\$	1,116.00
220. A	as and 220 and 220. The result to your monthly expenses.		Ψ	1,110.00
3. Calcul	late your monthly net income.	'		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,409.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	1,116.00
		1		
	Subtract your monthly expenses from your monthly income.		Φ.	000 00
		23c.	Ф	293.00
23a.	Cop Cop Sub	y line 12 (your combined monthly income) from Schedule I. y your monthly expenses from line 22c above. tract your monthly expenses from your monthly income.	y line 12 (your combined monthly income) from Schedule I. 23a. y your monthly expenses from line 22c above. 23b.	y line 12 (your combined monthly income) from Schedule I. 23a. \$ y your monthly expenses from line 22c above. 23b\$ tract your monthly expenses from your monthly income.
Do yo	ou expect an increase or decrease in your expenses within the year after y	you file this		e or decrease because o
4. Do yo For exa	ou expect an increase or decrease in your expenses within the year after yourple, do you expect to finish paying for your car loan within the year or do you expect yo	you file this		se or decrease because o
4. Do yo For exa	ou expect an increase or decrease in your expenses within the year after yourple, do you expect to finish paying for your car loan within the year or do you expect your carloan within the year or do you expect your or to the terms of your mortgage?	you file this		se or decrease because o

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 32 of 50

Fill in this infor	rmation to identify your	rase:			
Debtor 1	Ann Delores Turr				
Debioi i	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT	OF VIRGINIA		
Case number					
(if known)					☐ Check if this is an amended filing
You must file th	is form whenever you fi	le bankruptcy schedule n connection with a ban		s. Making a false stateme	ent, concealing property, or or imprisonment for up to 20
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				otcy Petition Preparer's Notice, ad Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sur	nmary and schedules file	ed with this declaration a	and
X /s/ An	n Delores Turner		x		
	Delores Turner ure of Debtor 1		Signature of	f Debtor 2	
Date	February 22, 2017		Date		

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 33 of 50

Fill	l in this info	rmation to identify you	r case:			
Del	btor 1	Ann Delores Tu	rner			
		First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
_	se number nown)					Check if this is an amended filing
Sta Be a	atemen as complete ormation. If	and accurate as poss	ible. If two married people attach a separate sheet to	duals Filing for E are filing together, both are this form. On the top of ar	e equally responsible for s	
	`	,	arital Status and Where Yo	u Lived Before		
1.		our current marital statu				
	_ ′					
	☐ Marrie					
	■ Not if	arried				
2.	During the	e last 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. I	ist all of the places you	lived in the last 3 years. Do r	not include where you live no	w.	
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
3.				egal equivalent in a commu		
stat	es and territ	ories include Arizona, Ca	alifornia, Idaho, Louisiana, N	evada, New Mexico, Puerto F	Rico, Texas, Washington an	d Wisconsin.)
	■ No □ Yes. I	Make sure you fill out <i>Sc</i>	hedule H: Your Codebtors (C	Official Form 106H).		
Pai	rt 2 Exp	ain the Sources of You	ır Income	,		
4.	Fill in the to	otal amount of income yo	ou received from all jobs and	ng a business during this y all businesses, including par ve together, list it only once u	t-time activities.	alendar years?
	■ No □ Yes. F	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Page 34 of 50 Document Case number (if known) Debtor 1 Ann Delores Turner Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until Social Security and \$2,816.00 the date you filed for bankruptcy: Retirement For last calendar year: Social Security and \$16,776.00 (January 1 to December 31, 2016) Retirement For the calendar year before that: Social Security and \$15,896.00 (January 1 to December 31, 2015) Retirement Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Total amount Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment

Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

still owe

paid

Case 17-30839-KLP

Doc 1

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 35 of 50 Case number (if known)

8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.					
	■ No					
	Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include credi	this payment itor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.					
	■ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the	e case
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11.					
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date	Date Value of the property	
		Explain what happened	d			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No ☐ Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No					
	☐ Yes					
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No					
	☐ Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and					

Address:

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Page 36 of 50 Document Debtor 1 Ann Delores Turner Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? \square No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) 2400.00 / 100 per month for tithes 02/2015-02/20 \$2,400.00 700 Club **CBN Avenue** Virginia Beach, VA 23463 Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Amount of Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You \$375.00 Filing Fee, Credit Reports, Kane & Papa, P.C. 02/22/2017 \$375.00 P.O. Box 508 **Certificate of Service** Richmond, VA 23218-0508 Abacus Credit Counseling \$25.00 Credit Counseling 02/22/2017 \$25.00 17337 Ventura Boulevard Suite 226 Encino, CA 91316 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details.

Person Who Was Paid

Address

Description and value of any property

transferred

Amount of

payment

Date payment

made

or transfer was

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main

Document Page 37 of 50
Case number (if known) Debtor 1 Ann Delores Turner

	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers made include gifts and transfers that you have already I No Yes. Fill in the details.	iness or financial affa e as security (such as	airs? the granting of a			
	Person Who Received Transfer Address	Description and very property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No Yes. Fill in the details.		ny property to a	self-settle	d trust or similar device	e of which you are a
	Name of trust	Description and v	value of the prop	perty trans	ferred	Date Transfer was made
Pari	8: List of Certain Financial Accounts, Instr	uments, Safe Deposi	t Boxes, and Sto	orage Unit	s	
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accou	nts; certificates	of deposi	· · ·	, , ,
		ast 4 digits of account number	Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Virginia Commonwealth Bank X 1118 Courthouse Road Richmond, VA 23236	XXXX-0616	☐ Checking ☐ Savings ☐ Money Marl ☐ Brokerage ☐ Other	ket	06/2016	Unknown
	Do you now have, or did you have within 1 yea cash, or other valuables?	ar before you filed for	r bankruptcy, an	ıy safe der	posit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than you	r home within 1	year befor	e you filed for bankrup	tcy?
	■ No					
	Yes. Fill in the details. Name of Storage Facility	Who else has or	had access	Describe	the contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, S State and ZIP Code)			-	have it?

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 38 of 50 Case number (if known)

Debtor 1 Ann Delores Turner

Par	t 9: Identify Property You Hold or Control for S	omeone Else			
23.	Do you hold or control any property that someon for someone.	ne else owns? Include any proper	ty you	u borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Des	cribe the property	Value
Par	t 10: Give Details About Environmental Informat	tion			
For	the purpose of Part 10, the following definitions a	pply:			
	Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances.	, land, soil, surface water, ground			
	Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s		law, v	vhether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si		s wast	te, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that you	u know about, regardless of wher	n they	occurred.	
24.	Has any governmental unit notified you that you	may be liable or potentially liable	unde	er or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any r	elease of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or administ	rative proceeding under any envi	ironm	ental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ire of the case	Status of the case
Par	t 11: Give Details About Your Business or Conn	ections to Any Business			
27.	Within 4 years before you filed for bankruptcy, di	id you own a business or have an	ny of t	he following connections to any	business?
	☐ A sole proprietor or self-employed in a tr	•	•	•	
	☐ A member of a limited liability company (LLC) or limited liability partnersh	ip (LL	.P)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing executiv	ve of a corporation			
☐ An owner of at least 5% of the voting or equity securities of a corporation					

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Page 39 of 50 Document Case number (if known) Debtor 1 Ann Delores Turner No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Ann Delores Turner Signature of Debtor 2 **Ann Delores Turner** Signature of Debtor 1 Date February 22, 2017 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 40 of 50
United States Bankruptcy Court
Eastern District of Virginia

In re	Ann Delores Turner		Case No.	
		Debtor(s)	Chapter	13

	IN A CHAPTER 13 CASE
	(for use in the Richmond Division only)
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with bankruptcy case is as follows:
	For legal services, I have agreed to accept \$ 5,100.00
	Prior to the filing of this statement I have received \$ 0.00
	Balance Due \$ 5,100.00
2.	The source of the compensation paid to me was:
	■ Debtor □ Other (specify)
3.	The source of compensation to be paid to me is:
	■ Debtor □ Other (specify)
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fin
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, as required by Local Bankruptcy Rule 2016-1(C)(3).
6.	I am electing to request compensation and reimbursement of expenses in this case:
	a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1(C)(1)(a) and (C)(3)(a).
	b. \square By submitting applications for compensation in the manner set forth in Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).
	An attorney for the debtor that fails to make the election to request compensation pursuant to Local Bankruptcy Rule 2016-1(C)(1)(a) an (C)(3)(a) at the commencement of the case will be deemed to have elected to request compensation in the manner set forth within Local Bankruptcy Rule 2016-1(C)(1)(c)(ii).

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 41 of 50

CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 22, 2017	/s/ James E. Kane, Esquire
Date	James E. Kane, Esquire 30081
	Signature of Attorney

Kane & Papa, P.C.

Name of Law Firm
P.O. Box 508
Richmond, VA 23218-0508
804-225-9500 Fax: 804-225-9598

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

February 22, 2017	/s/ James E. Kane, Esquire
Date	James E. Kane, Esquire 30081
	Signature of Attorney

[2030edva ver. 12/15]

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 42 of 50

Fill in this information to identify your case:					
Debtor 1	Ann Delores Turner				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: Eastern District of Virginia					
Case number (if known)					

Check	Check as directed in lines 17 and 21:					
1	According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one of	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
10 the	Il in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-te 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that	month per al by 6. Fill	iod would I in the re	l be March 1 thro sult. Do not inclu	ugh August 31 de any income	. If the ame amount m	ount of your monthly income nore than once. For example	varied during e, if both
					Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymei	nts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly por you or your dependents, including child suppor from an unmarried partner, members of your household and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	t. Include ld, your c	e regulai depende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy here ->	•\$	0.00	\$	
6.	Net income from rental and other real property	Debtor						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	•\$	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 43 of 50

Debtor 1 Ann Delores Turner Case number (if known) Column B Column A Debtor 2 or Debtor 1 non-filing spouse 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 111.00 111.00 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 111.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. ☐ You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 111.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 111.00 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 1,332.00 15b. The result is your current monthly income for the year for this part of the form.

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 44 of 50

Debt	tor 1	Anr	Delores Turner		Case number (if kr	nown)		
16	6. Cal	culate	e the median family income that applies to	you. Foll	ow these steps:			
	16a	. Fill i	n the state in which you live.		VA			
	16b	. Fill i	n the number of people in your household.		1			
			n the median family income for your state and	size of h			\$	55,753.00
		To f	nd a list of applicable median income amount uctions for this form. This list may also be ava	ts, go onli	ne using the link specified in the separ	rate	Ψ	<u> </u>
17	. Hov		the lines compare?		ind barmaptoy district emissi			
	17a	. •	Line 15b is less than or equal to line 16c. 11 U.S.C. § 1325(b)(3). Go to Part 3. Do					
	17b	. C	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14:	ulation o				
Par	t 3:	Ca	lculate Your Commitment Period Under 11	U.S.C. §	1325(b)(4)			
18.	Cop	у уо	ur total average monthly income from line	11 .		9	3	111.00
19.	con	tend t	he marital adjustment if it applies. If you are hat calculating the commitment period under income, copy the amount from line 13.	e married	, your spouse is not filing with you, and	d you		
	19a	. If the	e marital adjustment does not apply, fill in 0 or	n line 19a		-9	S	0.00
	19b	. Sub	tract line 19a from line 18.				\$	111.00
20.	Cal	culate	e your current monthly income for the year	. Follow	these steps:			
	20a	. Сор	y line 19b				\$	111.00
		Mult	iply by 12 (the number of months in a year).				x	12
	20b	. The	result is your current monthly income for the	year for th	is part of the form		\$	1,332.00
	200	Con	y the median family income for your state and	l size of h	ousehold from line 16c		\$	55,753.00
	200	. Оор	y the modal rammy moonle for your state and	1 3120 01 11	ouddriold from line 100		_	
	21.	Hov	do the lines compare?					
		•	Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	vise order	ed by the court, on the top of page 1 o	f this form, check b	ox 3, <i>Th</i>	ne commitment
			Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless oth	erwise ordered by the court, on the top	o of page 1 of this f	orm, che	eck box 4, The
Par	t 4:	Si	gn Below					
	By s	signin	g here, under penalty of perjury I declare that	the inforn	nation on this statement and in any att	achments is true a	nd corre	ect.
)	X /s/	Anr	Delores Turner		_			
			elores Turner re of Debtor 1					
		Fe	bruary 22, 2017					
		MN	I/DD/YYYY	,				
	n yc	u che	ecked 17a, do NOT fill out or file Form 122C-2					

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

(Chapter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
=	+ \$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Bethany Stratford 2517 W. Tremont Court Richmond, VA 23225

BWW Law Group, LLC 8100 Three Chopt Road Suite 240 Henrico, VA 23229

Ditech Financial Llc 332 Minnesota St Ste 610 Saint Paul, MN 55101

Focus Recry 9701 Metropolitan Ct Ste North Chesterfield, VA 23236

Horizon Fin 8585 Broadway #880 Merrillville, IN 46410

I C System Inc Po Box 64378 Saint Paul, MN 55164

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Jefferson Capital Systems PO Box 953185 Saint Louis, MO 63195

Sermat Construction 2419 Westwood Ave Henrico, VA 23228

Specialized Loan Service 8742 Lucent Blvd Ste 300 Highlands Ranch, CO 80129

Stellar Recovery Inc 1327 Hwy 2 W Kalispell, MT 59901

Case 17-30839-KLP Doc 1 Filed 02/22/17 Entered 02/22/17 15:58:30 Desc Main Document Page 50 of 50

Surgical Associates 1051 Johnston-Willis Drive Suite 200 Richmond, VA 23235